

DOCUMENT RESUME

ED 159 834

EC 112 053

AUTHOR Austin, Gary F., Ed.
 TITLE Proceedings of the Utah Conference, Professional Rehabilitation Workers with the Adult Deaf (PRWAD), July 11-14, 1976, Salt Lake City, Utah.
 PUB DATE Jul 77
 NOTE 79p.
 JOURNAL CIT Journal of Rehabilitation of the Deaf; v11 n1 p1-78 Jul 1977
 EDRS PRICE MF-\$0.83 HC-\$4.67 Plus Postage.
 DESCRIPTORS Adult Counseling; Adults; Aurally Handicapped; *Caseworkers; Certification; Community Services; *Conference Reports; *Deaf; Deaf Blind; Federal Legislation; Innovation; *Mainstreaming; Postsecondary Education; Program Evaluation; *Rehabilitation; Rehabilitation Centers; Services; State Programs

ABSTRACT

The report contains the papers given and resolution adopted at the 1976 conference of the Professional Rehabilitation Workers with the Adult Deaf. An introduction by the association's president (C. Lloyd) precedes the keynote address and response (by C. Mills and H. Hirschi, respectively) which focused on such issues as mainstreaming and Public Law 94-142, The Education for All Handicapped Children Act. Other papers have the following titles and authors: "Innovative Approaches to Deafness Rehabilitation" (J. Dixon), "State Coordinators of Services to the Deaf" (R. Purvis), "Counseling the Usher's Syndrome Deaf-Blind Individual" (L. Bettica), "Consulting Principles in Organizing a Deaf Community Service Group" (A. Boros), and "A Counseling Philosophy to Support the Post Secondary Education of Deaf Students" (R. Jacobs and F. Morrison). Among 13 resolutions reported are the need for a full-time representative on Capitol Hill and development of a program to evaluate and certify programs of rehabilitation centers serving the deaf. (PHR)

 * Reproductions supplied by EDRS are the best that can be made *
 * from the original document. *

ED159834

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

Proceedings of the Utah Conference

Professional Rehabilitation Workers
with the Adult Deaf
(PRWAD)

July 11-14, 1976

Salt Lake City, Utah

Gary F. Austin, Ph.D.
Editor

Journal of
Rehabilitation
of the Deaf

Volume 11

Number 1

July 1977

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

Judith E. Harkins

1

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC) AND
USERS OF THE ERIC SYSTEM."

2

EC 112 053

TABLE OF CONTENTS

Editor's Preface	3
President's Introduction	4-10
Dr. Glenn T. Lloyd, President Professional Workers with the Adult Deaf	
Keynote Address.	11-32
Dr. Craig Mills, Former Director Florida Division of Vocational Rehabilitation	
Response to Keynote Address.	33-35
Dr. Harvey C. Hirschi, Administrator Utah Division of Rehabilitation Services	
Innovative Approaches to Deafness Rehabilitation	36-39
Dr. James Dixon Rehabilitation Services Administration, Region VIII	
State Coordinators of Services to the Deaf	40-42
Mr. Rex Purvis Virginia Division of Vocational Rehabilitation	
Counseling the Usher's Syndrome Deaf-Blind Individual.	43-51
Mr. Louis J. Bettica, ACSW, Assistant Director Helen Keller National Center for Deaf-Blind Youths and Adults	
Consulting Principles in Organizing a Deaf Community Service Group*.	52-65
Dr. Alexander Boros, Sociology Department Kent State University	
A Counseling Philosophy to Support the Post Secondary Education of Deaf Students	66-71
Dr. L. Ronald Jacobs, Acting Administrator, Support Services for Deaf Students and Fred Morrison, Acting Head of Student Personnel Services, Support.....	66-71
Services for Deaf Students California State University, Northridge	
Appendix A: Resolutions Made at Business Meeting.	72-78

* Revision of presentation made; formerly titled, "Working with the Deaf Community"

The Proceedings of the 1976 PRWAD Conference present a challenge to all in the field of deafness rehabilitation. The message, as so clearly stated by all of the presenters, urges us forward to meet needs that have gone unattended and to improve upon those services presently available. Goals that are both timely and relevant are presented and approaches toward their attainment are offered.

A number of the concerns shared among the professional personnel at this Conference have been issues for many years. The fact that they still persist should in no way lesson our motivations to strive for their resolution. Rather, it should provide us the assurance that ours is a profession which will continue in its endeavors to provide quality services to deaf and hearing impaired people.

I am pleased that as Editor of these Proceedings I can take part in the conveyance of the wisdom, dedication, and leadership that was freely communicated to the participants of this Conference. I trust that those who read this document will take the initiative needed to deliver its intent to the deaf and hard of hearing citizens of our country.

Gary F. Austin, Ph.D.
Editor

Introduction
Glenn T. Lloyd, Ed.D.
President, PRWAD

As President of PRWAD, having been elected by a slightly greater number of votes than our Nation's current President, I wish to welcome you all to this biennial conference, declare the business portion of the conference officially open, and to begin with a few remarks.

The first year of my two-year term as President has only just been concluded. During the year, I have attempted to share my thoughts and concerns with all members via the Newsletter. Similarly, I have attempted to generate feedback and involvement of members to my comments and with the conduct of the affairs of PRWAD. This is an organization of people who understand and appreciate the value of communication; I can't help but wonder why there is such a lack of communication response. I am concerned.

We are the primary services oriented organization which attempts to assist, at all levels, in effecting provision and improvement of services for deaf people.

PRWAD exists because we, the providers of service and persons interested in the area, are committed to a philosophy of partnerships with the deaf community. If there were no deaf community, no deaf groups, no deaf individuals, there would be no PRWAD and no need for a PRWAD. But there is a community, groups, individuals and there is a PRWAD. We do exist and I believe it is important that we exist for the right reasons.

I believe we deserve, have earned, whatever praise we may receive for our past efforts. But, I also believe we have only begun to tap our potential. As one of our former PRWAD Presidents has often said, I believe, "The difference between a pat on the back and a boot in the rear is about sixteen inches." We have work to be done which requires our best efforts and if we don't meet our responsibilities we will be deserving of whatever we get sixteen inches below a pat on the back.

As a national organization, we are young, probably the youngest such organization. We have made progress. We have had impact. But, we have not made enough progress, nor have we had enough impact at any particular level; nor have we had anywhere near enough active participation by the membership.

In terms of progress, we have grown in membership to where we now stand at a membership level of 800. That is not bad; neither is it enough! We must achieve a size of at least 2,500 full memberships in order to be minimally self sustaining. Minimally self sustaining. My own feeling is that we probably need to reach the 4,000 membership plateau in order to be more effective at national, regional, and local levels and on a fiscally sound and independent basis. Obviously, if I am even close to being right, we have a long way to go.

Currently, the home office consists of two paid employees, the Executive Secretary and his Secretary. We recently announced that Mr. Ed. Porter is working in the Home Office on a consultant basis and has already

begun to come up with some recommendations and planning which promise to be of great significance, especially in the area of workshop planning, or what we in education think of as professional inservice training. I will not bug you with the multitudinous grant proposal preparations; conduct of workshops which we contract for; attendance and participation in meetings around D.C. and the Nation; promotion of chapter development; section development; and many other activities which are time consuming. We are barely able to keep the office going and we desperately need some able assistance. There is no way we can secure the assistance without expanding our fiscal capability.

Another reason we must expand the membership is to be able to be in the position of fully representing the field of services for deaf people; to be able to stand up in legislative hearings, at any governmental level, and state that we are truly representing the field. It isn't as true at this particular point in time, as we might wish, at least if we think in terms of the number of our members and the formal internal composition of PRWAD. I refer, here, specifically to sections which, although authorized, have not been developed nor become operational. I also refer to local chapters of which there are only five formally established.

I have reached, among others, one conclusion related to the problems I am attempting to present. That conclusion is that all too many of us are willing to "let George do it" and if it gets done, fine. If not, then "they" haven't followed through on "their" plans. Let me give you an example. For at least six years, a major goal within PRWAD has been

to establish standards and procedures for certification of counselors. A counselor section was proposed, accepted, and authorized. One of its responsibilities could well be to handle counselor certification.

My friends, we are an organization devoted to the improvement of services for deaf people. The results of my plea to the membership to get actively involved made me begin to wonder whether we really care, don't bother to read the Newsletter, are functionally illiterate, or perhaps just plainly the blind trying to lead the deaf.

Many of you know me and know that I am a bit on the stubborn side--not bullheaded, mind you--just persistent. I fully believe that our organization does care and will respond. Therefore, I appointed a committee to get things going in the area of counselor certification. A number of difficulties have arisen, but we think we have resolved them. In short, we took action because action was clearly indicated and long overdue.

I am pleased to be able to report to you that we have had some very positive reactions. At the same time, I must also report that we have had some negative reactions. I guess 'twas ever so. The nature of the negative reactions, however, suggests that there are people whose talents and expertise will be available to assist in drafting the certification requirements and the evaluation instrument which is projected.

I really did not intend to spend very much time on my remarks at this time, but I do want to take just a few more minutes to share with you what has happened over the past year.

As of July 1, 1976, when I took office, we had but one local chapter. As of today, I am happy to report that there are now five local chapters. The five are Ohio, D. C. Metro, Texas, Virginia, and Arizona. We are most encouraged by this and hope you all share in our feelings. Further, a number of local chapters are in the process of developing and we hope to see the number of local chapters doubled in the very near future.

In the area of section development, we again have good news. Although a number of sections have been authorized and somewhat begun by the time of and during the Arizona Conference, very little activity has been forthcoming. Perhaps the only really active section has been the section for State Coordinators of Rehabilitation Services for Deaf Clients, the SCD section.

As of the most recent word I have, the Psychologist and Secretary sections are realities and in the process of dynamic development. Other sections are organized, but we have had no input as to whether they are any more than sections in name only. It is my opinion, as well as that of others, that the key to growth and real impact in the area of services for deaf people is full sectional development with active, ongoing participatory programs in specific areas.

In the event some of you may not be aware of sections which have been authorized, allow me to remind you that they include, in addition to the above two, the Deaf-Blind, Counseling, Religion, Research and Training, Rehabilitative Audiology, and Interpreting sections. If these sections are to really get off the ground, they must generate interest and involvement

in action-oriented programs. The success and relevancy of any section, as well as the PRWAD itself, depends upon voluntary and active participation of us all.

We experienced a drop of membership directly following the Tucson Conference, ostensibly due to the dues increase. I am pleased to report that we have recovered at a satisfactory pace from the decline and anticipate that we will break the 1,000 member mark in the near future. Unlike the Dow Jones Index, however, we anticipate a steady, continuous increase, without too much delay around that 1,000 member level.

During the past year, we have experimented with the publication of the Newsletter in the Deaf American. This was done at the behest of representatives of the NAD and was agreed to in an effort to determine the feasibility. I, personally, am not satisfied with the results.

Along the line of publications, I am sure that many of you, like myself, are concerned over our poor record in meeting publication dates. I will not bore you with details, but will mention that the primary difficulties are in the area of manpower shortage so far as the Newsletter and the Journal are concerned. Other publications, most notably the Deafness Annual, are late due more primarily to fiscal problems.

During the past year, the PRWAD has sponsored and/or had total responsibility for a number of workshops. Plans are underway to increase our activity and to expand the scope of workshop activity. Perhaps one of the most promising and exciting possibilities is in a vocational program dealing with rehabilitation for alcoholic deaf persons.

I would like to be able to report something to the Conference on the unification of the PRWAD and RID as urged by the NAD. I trust you have all read the material relating to this proposition. Perhaps, perhaps we might wish to make a formal expression about our position as part of the Conference business.

At this point, I believe I will call a halt. I do not want to go on interminably and may already have talked too long. Thank you and I am sure we will have an excellent conference.

Keynote Address
Craig Mills, former director
Florida Division of
Vocational Rehabilitation

Your program committee gave me some latitude on the topics I might cover with you, and I have decided to talk with you about some issues facing professional workers in the field of deafness today. It seemed important to me to try to pull together for you at the very outset of this meeting an overview of the major issues facing us in our work. In doing this, I have tried to focus on some of the issues that we face as individual workers as well as some issues that we may face as an organization.

There is the problem, of course, of trying to select a few primary issues from among all those that we might consider. And so my list may reflect my limited viewpoint and may omit some items that you think are paramount in importance. If so, that will create the opportunity for you to tell me about them during the meeting.

It would be difficult to introduce these issues in any order of priority, so there is no special significance in the order in which they are presented.

I. The Las Cruces Conference of 1976

Any discussion of issues in deafness rehabilitation would be incomplete without some reference to the Las Cruces Conference which was held in April of this year. Without attempting to give any detailed summary of that conference, I feel that it is important to highlight a few issues which seem important to us as we look back upon that meeting.

That conference has been referred to as "Las Cruces Revisited," since it was the second national conference on deafness to be held at New Mexico State University. The first was in 1967 and had a major effect in stimulating the development of rehabilitation programs for deaf people.

While the invitations to this 1976 meeting were essentially limited to state rehabilitation directors, state coordinators of services to the deaf, state directors of special education, and school psychologists, other program participants, group leaders, discussion leaders and recorders were represented by superintendents of schools for the deaf, leaders from the National Technical Institute for the Deaf, Gallaudet College, California State University at Northridge, Oregon College, Northern Illinois University, University of Arizona, University of Tennessee, the Deafness Research & Training Center at New York University, and many junior college programs and special projects. Also included were staff members from the Rehabilitation Service's Administration central and regional offices, from the U.S. Office of Education, parents of deaf children, representatives of the National Association of the Deaf, state associations for the deaf, PRWAD, and many of the finest interpreters in the country.

So the conference afforded an opportunity for a forum for a broad cross-section of those most concerned with education and rehabilitation of deaf people.

Whether it represents a change in public attitude or a change caused by the invitations list and the program focus of the Conference, I am not sure. But at the original Las Cruces Conference in 1967, the primary concern seemed to be with building cooperation and understand-

ing between vocational rehabilitation agencies and state schools for the deaf. Also, a major theme then was "total communication" and getting an understanding of total communication in the development of deaf children's language.

This time, total communication no longer seemed to be a controversial issue, but rather an accepted fact and practice. Instead, the issue seemed to be one of "mainstreaming" and the cloud of confusion that goes along with that term. Acceptable definitions were in short supply, and ranged from those reflecting careful efforts to integrate certain deaf students and hearing impaired students into the maximum amount of regular classroom activity, physical education and socialization activities with extensive supportive services including interpreter services--all the way down to the notion of letting deaf kids sink or swim in a regular school or regular class, because "they had to learn to live in a hearing world."

If there was any one single point emphasized in the conference it was the need for a new term or the need for a better professional definition of mainstreaming as it pertains to deafness so that parents and professional people can communicate with understanding on the subject.

I do not mean to imply that the issue of mainstreaming is simply one of communication. It is much more serious than that. But before there can be any real discussion of the important issues in this educational trend and any movement toward understanding, the people involved need to know what they are talking about. As it was, a great deal of heat and emotion

were generated in the discussion groups, with polarization rather than consensus. So this appears to be an important current issue for professionals in deafness rehabilitation and education.

I stress this particularly because of the significance of the new federal legislation, Public Law 94-142, the Education of All Handicapped Children Act of 1975. I will discuss this act briefly a little bit later, but in the context of the Las Cruces Conference, we felt the impact of this new law in giving a new push and sense of urgency to the education of deaf children. Certainly the Las Cruces meeting helped to bring this issue to the front.

To our joy, a very positive feature of the Las Cruces meeting was the strong, recurring support for the Model State Plan for Vocational Rehabilitation of Deaf Clients. In the 1967 meeting there seemed to be a fairly strong element of friction and placing of blame between rehabilitation administrators and superintendents of schools for the deaf. There was even more placing of blame on both of these groups by deaf people who did not feel that they were getting adequate educational or rehabilitation opportunities.

This time there seemed to be a common basis for understanding coming from the Model State Plan and the basic components of a vocational rehabilitation program for the deaf.

It was encouraging to hear state directors of special education asking about the possibility of developing a model state plan for the education of the deaf, and even the possibility of coordinating the educational plan with the rehabilitation plan. Certainly this opens up the possibility of some

real leadership roles for state coordinators of rehabilitation services for the deaf in the months ahead.

It was also encouraging to see the participation and strong influence of the parents of deaf children. They made important contributions on the need for preschool programs and for programs to train parents of deaf infants. They welcomed the participation of deaf parents of deaf children and felt they could learn much from it.

I got the impression that this conference was a real learning experience for many school psychologists, who said that they would do it or could do it as they would for any other child. They seemed to be challenged by the special problems of language deficits, the problems of communicating instructions, the problems of using timed tests and the whole problem of the inadequacy of standard testing instruments when used with the deaf. The positive interest and concerns expressed by this group may be one of the best results of the meeting.

There was strong emphasis on the need for community service programs, for mental health programs, for more access to vocational education, for better job placement programs, and for ready access to qualified interpreters.

While I am not sure that everyone would agree that it was a major theme of the conference, I was impressed with the growing awareness that deafness is not the private concern of general education and rehabilitation. It should be of equal concern to mental health, the employment services, social service programs, law enforcement, vocational and technical education,

adult education, social security administration, public health, the licensure agencies, the courts, and even private businesses who serve deaf people. All of these should know how to secure and utilize interpreter services effectively or should provide qualified staff members to work with deaf people.

On a negative note, I am concerned that so much confusion still exists on the use of the term "deaf" and the term "hearing impaired". Among the public education people, especially, there seemed to me to be a tendency to use the term "deaf" when the services they described were really those for hearing impaired children. Frequently they seemed to leave the impression that they feel that the services needed by a congenitally deaf child are no different from those needed by a child with a moderate to severe hearing loss who could benefit by amplification.

While some professionals in the field may advocate a more inclusive term like "hearing impairment" for all ranges of hearing loss including total deafness, this adds to the confusion in any discussion of mainstreaming or integration or meeting the individual needs of deaf children or adults. Total congenital deafness or total prelingual deafness represent such different language development problems and educational problems that there seems to be serious need to consider them as distinct and separate disabilities.

II. Public Law 94-142, Education of All Handicapped Children Act of 1975

Since I have made reference to this act, let me present it as the next issue for your consideration. It is surprising that there has not been more publicity about this act in rehabilitation circles. It has the potential for a most profound and beneficial effect upon the identification and education of all handicapped children in the nation. As such it will have

a profound effect upon rehabilitation programs and facilities for years to come. It is a federal expression of the national responsibility to find and give the maximum educational opportunity to every handicapped child. It is the federal companion piece to the mandatory special education laws that have been passed by many states. It affirms the responsibilities for services. At the same time it makes clear a federal mandate on the rights of all handicapped children to have available to them, within the time periods specified, a free public education which emphasizes special education and related services designed to meet their unique needs, to insure that the rights of handicapped children and their parents or guardians are protected, to assist states and localities to provide for the education of all handicapped children, and to assess and assure the effectiveness of efforts to educate handicapped children.

In the findings and purposes section of the law, it indicates that there are more than eight million handicapped children in the United States today, that their needs are not being fully met, that more than half do not receive appropriate educational services, and that one million are excluded entirely from the public school system. This section also states that it is in the national interest that the federal government assist state and local efforts to provide programs to meet the educational needs of handicapped children to assure equal protection under the law.

This law was enacted in November, 1975. Regulations are now being developed, so they are not yet available. It calls for implementation over the period 1978-1982. It provides for an increasing amount of federal

support from 5% at the start to 40% in 1982 based on the actual number of handicapped children in school. So it places a real premium on finding handicapped children and youths and getting them into the system.

While this is a law for all handicapped children, I think you can see the potential in the area of deafness. In effect it mandates that all deaf children and youths will be found and brought into the system. It calls for an educational program to meet their individual needs. It provides for preschool services and covers children ages three to twenty-one. Unfortunately it does not recognize or make special provision for deaf children below age three who have special needs during the language-acquisition period. Perhaps this can be remedied later.

Without going into more details on the new law, I think you can see that it can effect a drastic change in the opportunities offered to deaf children who may be just starting their educational experiences, as well as to deaf children and youths who may have missed out on a fair educational experience and who now need a special, intensive, remedial educational opportunity. I am concerned that most of the emphasis will be placed on elementary education rather than on remedial middle-school and secondary-education programs.

On the negative side, we must realize that good programs for the deaf will not happen just because of the law. I wonder if the field of deafness education can be ready with the qualified professionals needed in order to provide evaluation and assessment, appropriate guidance, fair educational placement, and the necessary supportive services, to say nothing of providing qualified teachers, aides and interpreters. Will school districts

have personnel who will understand the special needs of deaf children, or will deaf children get the same services that are offered to the orthopedically handicapped and the mentally retarded?

The issue here, it seems to me, is that the needs of deaf children must be recognized as a special segment within special education, and most school districts as well as many state departments of education are ill-equipped to provide the leadership and technical consultation necessary to help develop good programs for deaf children.

The future rehabilitation programs for the deaf will be based upon the adequacy or inadequacy of the programs for deaf children as a result of this law. This issue, therefore, must be of paramount concern to leaders like you, to parents of deaf children, and to all organizations concerned with deaf people.

The time to become involved is now while programs are in the formative stage. This means that aggressive leadership is needed to get the right information to school boards and to state departments of education, and to assure that parents and qualified leaders in deafness are represented in planning groups and advisory committees.

III. Implementation of the Model State Plan

The enthusiastic response to the Model State Plan for Vocational Rehabilitation of Deaf Clients has been, perhaps, the most encouraging thing that has happened in deafness rehabilitation in several years.

While there may be some concern that a few states may be giving "lip service" to the plan by adopting it rather than implementing it, there really does seem to be some very positive action to take real steps to follow the plan. Despite the economic crunch, most states have moved ahead to appoint state coordinators of services for the deaf. Most have appointed counselors for the deaf, and many are offering inservice training for regular counselors who may also serve deaf clients. Nearly all states have set up some type of working arrangement between vocational rehabilitation and the state school for the deaf. Most states have created advisory committees which include deaf persons and representatives of organizations of the deaf. An increasing number of states used innovation and expansion grant funds to set up outreach programs and interpreter services, to add new staff, or to provide other specialized services for the deaf.

The issue now is to keep the momentum going in full implementation of the plan by all states. The danger is in feeling that we have it made now and the implementation will happen automatically. Deafness will continue to have to compete with all the other priorities on serving severely handicapped people. But even with those pressures, in the face of a shortage of case-service funds and difficulty in securing additional staff positions in many states, real progress is still being made on deafness. So there should be no relaxation of effort now.

State rehabilitation staff members as well as other supporters of deaf services should take advantage of the Las Cruces Conference and the attendance there by state VR administrators to press for additional steps in implementing the Model State Plan. Their new understanding of deafness

or their increased understanding of deafness as a result of attending that conference may offer a springboard for getting approval of a new project or some expanded effort on deafness now.

Another item somewhat related to the Model State Plan is the designation by the Commissioner of the Rehabilitation Services Administration of one staff person in each of the ten RSA regional offices to be the person responsible for programs for the deaf. Every state and every region should take some action this year to involve that staff person in a state or regional meeting on deafness or invite him to come into the state for the special purpose of getting acquainted with activities for the deaf. State people should use such an occasion to get him to the school for the deaf, to meet deaf leaders in the state association of the deaf and leaders of the parents of deaf children. Visits should be arranged to any facilities that serve deaf clients. We need to use these regional people in a way that will be important to RSA and to the field to avoid having these appointments become a routine paper designation rather than a vital active responsibility. These regional people can be the means of increased communication with the Washington office of RSA and can help to get better priorities and attention to deafness, if they and their Regional Directors fully support the Model State Plan and other activities for the deaf. They can also serve a most important function in providing some feedback to state directors from the regional office on what is being done or needs to be done for the deaf.

If you do not hold annual regional meetings on deafness, I would urge you to work with your regional staff person now to get that started. In those regions where such meetings have been held regularly since the 1967 Las Cruces meeting, they have been of tremendous value and have opened the doors to involvement by parents, deaf groups, interpreters, vocational educators, psychologists, audiologists, speech pathologists, educators, employment and rehabilitation facility people and so many others who can be supportive of the total effort to improve services for deaf people.

IV. Training and Certification of Counselors and Other Professionals Who Serve Deaf People

While we are gratified with the number of states which have appointed full-time or part-time counselors for the deaf, we know that there are great variations in the qualifications of these counselors. Some of them have been selected from the ranks of general counselors and have little or no communication skills nor understanding of the special problems of deafness. Others have excellent communication skills but little or no training in counseling. We are finding it difficult now to be specific in what we mean when we say, "a fully qualified counselor for the deaf." If we are going to be able to offer deaf clients the best service, if we are going to be able to get adequate salaries for fully qualified professionals, if we are going to be able to get training funds to train professionals who serve the deaf, if we are going to get inservice

training funds to upgrade the competency of staff members in public and private agencies who serve the deaf--then we need to be able to say what levels of professional skills and communication skills these people need to be "fully qualified."

I am afraid that we have shied away from this because we feared that it might cause us to lose some of the experienced practitioners in deafness rehabilitation who did not have academic qualifications in counseling or other professional areas, or those who might have the professional qualifications in counseling but did not have adequate communication skills. We may have feared that it would be impossible to get fully qualified psychologists, social workers, work evaluators, rehabilitation counselors and other professionals to take the time and go to the expense of getting extra qualifications in the area of deafness if it did not result in extra pay, better jobs or some other advantages.

In the meantime, rehabilitation counselors have proceeded through the work of the National Rehabilitation Counseling Association and the American Rehabilitation Counseling Association to establish educational requirements, a standard examination system and other requirements for professional certification in rehabilitation counseling. This has received widespread support in the field and undoubtedly will be the measure for full qualifications in rehabilitation counseling in the future.

On this basis, the fully qualified rehabilitation counselor for the deaf probably will be expected to meet the full certification requirements

for rehabilitation counseling plus whatever additional qualifications may be needed to work with deaf people. We need to identify those qualifications or spell out the criteria in terms of training or measurable competency especially in the area of communication skills. RID has its established levels of competency for interpreters for the deaf, but we have not yet said whether that level of skill is necessary for a counselor or for other professionals who serve the deaf.

I think we cannot escape the fact that professionals working as rehabilitation counselors with the deaf will be judged by their peers and by administrators on whether they are certified as rehabilitation counselors in addition to such other skills as they may need to work with deaf people. The same will be true of doctors, psychologists, nurses, therapists and others who may serve the deaf--or any other group of handicapped people. We shall do nothing constructive for deaf people if we aid in any way in setting up professional standards or certification requirements which permit a lower level of qualifications for serving deaf people as compared to other handicapped groups or the population in general. We simply must take the position that deaf people, more than any others, need and deserve quality services.

In deafness rehabilitation work, I am afraid that we did not show sufficient effort and concern to get counselors for the deaf to apply for certification and to take the written examinations during the long period when the examinations were being developed and the "grandfathering" procedure was being established for them in the field who could meet essential

minimum criteria. However, for the long run in this profession or in any profession it is not as important to get grandfathered in as it is to establish the training requirements and the level of competency necessary for the fully qualified professional.

Many counselors for the deaf have become certified as rehabilitation counselors on the basis of meeting educational requirements and taking the examinations. But this does not mean that they have any specific level of skills in deafness or that they have an adequate ability to communicate with the various levels of deaf people. So there is a very real need now for the establishment of acceptable professional qualification or criteria, for Counselors for the Deaf and other professionals who serve the Deaf.

PRWAD has a significant role to play in this and should begin the appropriate steps. PRWAD can make an essential contribution in the area of deafness and in the level of communication skill that should be required of all professionals. But there is a note of caution here. In my opinion it would be a serious mistake for PRWAD to try to set up a separate set of certification procedures in rehabilitation counseling just as it would be if PRWAD tried to establish separate certification procedures in teaching, guidance, medicine, psychology, nursing, work evaluation, audiology or speech pathology.

This probably will not be a popular statement, but I ask you to consider this carefully. I think it should be obvious to all of us that if an organization like PRWAD should establish certification standards, or criteria for a grandfathering process for any of the professional areas which might be less stringent than those already established by

the professions themselves, they would not have much meaning or credibility in those professions.

On the other hand we might recognize that the helping professions, with the possible exception of teaching, have no special competency in deafness and have taken no steps to provide special certification standards for serving deaf people. On this point it seems to me that we may have something unique to offer to the various professions who are a part of PRWAD and to be able to communicate effectively with deaf people.

I present this as a start in trying to think through this matter constructively. I realize that this point of view may be in conflict with those of you who feel that the area of deafness should be the primary concern and that professional certification should be approached this way rather than as an increment or supplement to other professional requirements. I am not trying to close out discussion or promote any final point of view. Rather I would hope to contribute to a full and careful consideration of this important matter so that we may develop a position or direction that will be in the best interests of deaf people as well as those who serve them.

VI. Support for Services for the Deaf with the Rehabilitation Services Administration

Earlier I referred to the importance of working closely with Regional Offices of RSA and the staff members designated as the key person on deafness. In this section I want to focus on the need for support of the central office on deafness in RSA headed by Dr. Boyce Williams. It has previously been called the Office of Deafness and Communicative Disorders. Now it is being called the Division of the

as an organization, its individual members, and all organizations concerned with deafness to insist on a better allocation of staff and a better allocation of research and training resources to deafness by RSA.

VII. Involvement of the Bureau of Education of the Handicapped,
U.S. Office of Education

Reference to this issue was purposely omitted from my comments on the Las Cruces conference so that it might be emphasized here. Despite the joint participation in the funding of the two Las Cruces conferences by BEH and RSA, I think we must face the fact that there is little or no collaborative program effort between BEH and RSA, and little or no joint planning on behalf of deaf youths and adults who are covered by both programs. While I realize that the federal education programs and RSA operate under completely different federal laws, they are both part of HEW and it should be possible within HEW to get more joint effort. This is especially true now with the advent of PL 94-142, Education of All Handicapped Children Act. But even before that act became law, there was the need for joint effort on teacher training, professional training, vocational education, elementary and secondary education, special education, and adult education. All of these are vital to good rehabilitation efforts of all handicapped people and certainly they are vital to good rehabilitation programs in deafness.

From the standpoint of the public, taxpayers and handicapped people, it makes sense to have rehabilitation programs that will build on what education has started and educational programs that will make the maximum contribution to the habilitation or rehabilitation of handicapped people. We don't have that now and handicapped people are the losers.

Hearing Impaired. What it is called is not as important as the priority given to the work and the staff and resources allocated to carry out the work. In the final analysis, that tells you what kind of priority is being given to deafness by RSA. No listed priority or professional support for programs or services for the deaf is worth much if the administration does not back this up with adequate staff to do the job and with adequate allocation of research funds, training funds and special project funds to make the priorities meaningful.

For too long, Dr. Boyce Williams and Mrs. Edna Adler have worked as a national staff of two in trying to mount a broad national rehabilitative effort on deafness. The success these two have achieved is a tribute to them. But it is no longer reasonable to expect two people to relate all ten regions and all fifty states, to offer program consultation in training, research, and special projects, and then find time to do the staff planning and the coordination necessary with the rest of the RSA staff. It means that there is not the staff time available on deafness in RSA to develop the intradepartmental relationships needed with education, health or other components of HEW. Neither is there the staff time to develop the interagency relationships needed with the Department of Labor, the Civil Service Commission, the Department of Transportation, the Department of Housing and Urban Development, the Department of Justice, and others on matters so important to the full rehabilitation and employment of deaf people.

To do the job that needs to be done now, that office on deafness in RSA should have a staff of 15 to 20 professionals. It is time for PRWAD

I do not understand the problems sufficiently to blame RSA, BEH, USOE, the Secretary of HEW or others. Perhaps the fault lies with all of us for tolerating it for so long. But the issue is not so much in placing the blame or dealing with the problems of the past, as it is one of dealing with the tremendous opportunity we have for the future. Perhaps in this group at these sessions this week you may have some ideas on how this great opportunity for deaf people and all handicapped people could be put to the Commissioner of Education, the Commissioner of the Rehabilitation Services Administration, the Secretary of HEW, or to the Congress in such a positive, noncritical way that BEH and RSA may be encouraged to initiate an era of real joint program planning for the handicapped, and especially for deaf people.

It seems unfair and foolish to urge state rehabilitation people to get together with state education people, local school districts, schools for the deaf, vocational and adult education, and special education to plan for the maximum coordination of effort on behalf of deaf people at the state level and not have the same degree of mutual effort exerted at the federal level where they are all part of one department.

Some states do not have good cooperative efforts with all aspects of the educational system. But it could be significantly better in all states and on a national basis if there were better coordination and joint program planning in HEW.

VIII. Coordination with the Rehabilitation Facility Movement

We are beginning to get more recognition of the special needs of under-achieving deaf young people and adults who have not had an adequate educational

opportunity. Like many other underachieving handicapped people they are finding their best source of help in rehabilitation facilities. Personal adjustment training programs have been the key for some. Work evaluation has been a real boon to other handicapped groups as a diagnostic and evaluation tool. But work evaluation has not generally been available to deaf clients because of the language and communication barriers. Like so many academic and psychological tests, work evaluation procedures have relied upon reading or writing abilities, the ability to hear or read instructions, or on a vocabulary level that is beyond the reach of many deaf people.

Most of the good work evaluation programs and personal adjustment training programs exist in rehabilitation facilities that are operated by volunteer or nonprofit organizations or by state rehabilitation agencies.

Section 501 offers a mechanism for opening up employment for qualified handicapped people with federal agencies.

Section 502 provides for affirmative action toward the employment of handicapped people under federal contracts in excess of \$2,500. My concern is that the implementation procedures will be geared more towards the physically handicapped and the mentally retarded. Special efforts will be necessary to be sure that procedures adequately provide for the deaf and the blind.

Section 504 provides for nondiscrimination against the handicapped in programs or agencies receiving federal grants. The implementation procedures are fairly weak and the burden of initiating action falls on the handicapped person. Deaf people may need considerable help to avoid discrimination against them on job applications.

X. The White House Conference on Handicapped Individuals

Finally, some reference should be made to the issue of the White House Conference. With the postponement of the date for the conference to May 25-29, 1977, there will be more time to assess the needs of physically and mentally handicapped citizens. This will allow more time for planning the preliminary state conferences. There appears to be good involvement of deaf groups and capable deaf people at the national level.

The issue for PRWAD and for you to consider is how to assure similar involvement in planning for the State meetings. If you have not already done so, I hope you will check on how this is being handled in your State and insist that deaf people and organizations representing deaf people be represented in the planning. It is important that position papers or recommendations coming from your State include information on the problems of deaf people and the services they need. Information can be obtained through your Governor's office, the Governor's Committee on Employment of the Handicapped, or from your State vocational rehabilitation office.

Summary

These seem to me to be some of the major issues facing us today which should be of real concern to you. I hope they may help to stimulate some thoughts and discussion in the brainstorming sessions or in your special

interest groups at this meeting. But beyond this, I hope that these comments may identify some of the issues on which you will look for ways to take action as an individual, with PRWAD, or with other organizations to which you belong. For in these ten issues there is the possibility of vital changes that will result in improved opportunities for deaf people throughout the nation for many years to come.

Response
Harvey C. Hirschi, Administrator
Utah Division of Rehabilitation
Services

It is a pleasure to participate on the program with the Professional Rehabilitation Workers for the Deaf in Salt Lake City. In addition, it is a unique pleasure to be on the program with Craig Mills who commands the respect of all individuals throughout the nation involved in rehabilitation program. I particularly appreciated the issues raised by Craig and will reflect some of the concerns I have relating to these particular issues.

* * * * *

More than ever before, we need a clear-cut definition of the term "mainstreaming". All too often "mainstreaming" is applied indiscriminately to all hearing impaired by parents desperately seeking normalcy and a flight from the reality of deafness. To others, it means many different things. I feel that the deaf population needs to come to grips and specify a clear-cut definition relating to what is meant by "mainstreaming". This would assist in clearing up any miscommunication or adverse feelings concerning the term.

* * * * *

The Model State Plan for the Deaf has become a beacon light to all states and provides a plan for comprehensive service to the deaf population. In the implementation of the Model State Plan it becomes more essential than ever that there be coordination between all state agencies in serving deaf individuals. There is a growing awareness on the parts of Health, Social Services, Employment Services, Law Enforcement, Vocational/Technical Education,

and Adult Education to move towards cooperating fully in providing services for deaf people.

* * * * *

Public Law 94-142 the Education for all Handicapped Children Act of 1975, should have a tremendous impact on services for the deaf population. It is felt that we need to either act or be acted upon in regard to the implications of this act. The roles of the schools are to have a tremendous impact in early identification and assistance to those identified deaf children. In the area of vocational rehabilitation, we need to tie in more closely with these programs in the schools to provide assistance, to act and become a strong advocate for all other agencies playing their unique role in service to the disabled.

It is recognized that this law is for all handicapped children in the broad perspective of the act, yet mandates that all deaf children and youths will be a part of that total system. Early childhood education becomes a significant beginning to total life help through placement on the job and follow up for deaf individuals.

We need to move out to make sure that deaf children are recognized as a special segment within Special Education. In the state of Utah, we feel we are in a natural organizational setting in that we can relate very closely to Special Education, Early Childhood Education, Adult Education, Vocational Education for the Handicapped, and now with Elementary/Secondary Education as we implement the Education Act for all handicapped children.

* * * * *

Let me refer again to the Model State Plan. We feel that this plan is working in Utah. We highly recommend it and give it our full support. This

means active, strong, effective, and dynamic support not just merely to say we accept it and not push for it. In our state we have been utilizing the Advisory Committees and Association members for developing innovation and expansion grant programs for specialized services for the deaf. Dr. Sanderson in our state is moving on these programs and will keep the Model State Plan going.

* * * * *

The training and certification of Counselors and other professionals who serve with the deaf is a genuine concern. It is my feeling that it is essential that there be special certification for Counselors, those individuals working with the deaf population. It is felt that this can best be met by giving full authority to the Coordinator for the programs for the deaf in our state, allowing him to recommend staff, to certify staff, and evaluate staff in terms of accomplishments and services to the deaf population. In service to deaf people there is a tremendous need to keep the levels of proficiency high. Extra training and quality performance on the part of Counselors is a must. We must know, however, that people don't care how much we know until they know how much we care and no one is able to realize this until they feel we are communicating with them.

INNOVATIVE APPROACHES TO DEAFNESS REHABILITATION
Dr. James Dixon
RSA Region VIII

Good evening my friends in Rehabilitation of the Deaf. I am happy to be here and appreciate the opportunity to speak to you. My signing is very slow so I appreciate Beth Ann interpreting for me! I appreciate Bishop Losee for his opening prayer. First I desire to give special recognition to the interpreters who have done so much to make this conference a success. I have noted over the years of involvement with the deaf that most people watch the interpreter even when they can hear the speaker, because the interpreter puts so much life and expression into their work. Please join me in a special thanks to these wonderful dedicated people. We love and appreciate all of you!

I also wish to thank Dr. Sanderson for extending to me the opportunity to speak at this conference and to you very distinguished workers in the Rehabilitation of the Deaf.

As Dr. Sanderson mentioned and as Craig Mills pointed out this morning, RSA in Washington has appointed a Regional Representative on Deafness in each HEW Regional Office. I feel very honored to be designated as a Regional Representative for Region VIII and in behalf of my boss, Mr. Jimmy Ballantyne, I extend a warm and cordial greeting to all participants of this conference.

When I was approached by Dr. Sanderson about this speaking opportunity-- I wondered what topic I might address. The preliminary material on this conference announced the theme: "Innovative Approach to Deafness Rehabilitation." As I registered last night and picked up my conference packet I noticed no indication of the theme.

However Craig Mills set the stage for this conference in his keynote address this morning by beautifully and systematically identifying the major issues facing each of us and the Field of Deafness Rehab. He gave us in a few pertinent statements the current state of the art.

Dr. Hirschi, as always, was very responsive and supportive of these identified issues. He, as the State Director for Rehab Services in Utah, sees what strides can and should be taken to better serve the deaf.

The panel moderated by Dr. Elia Nickoloff presented in their brief statements of their programs an update in what is developing, where, and the new and innovative ideas and programs that are coming into sharper focus as to what is being done in training, counseling, placement evaluation and research across the country. I will not try to restate what each panelmember told us, but in turn will encourage each of you to stop by the professional exhibits and discuss with them their respective ideas for more effective service delivery to deaf clients.

Since my other major responsibility in the Regional Office is Research and Evaluation I would like to discuss briefly a currently funded RSA Project at Utah State University under the capable direction of Dr. Fred Berg.

The purpose of this project is to provide professional resources in listening and speech training for severely hard of hearing individuals in the six states of Region VIII. This training is done first with professional workers in Audiology/or Deaf Education. The training involves audio-visual equipment especially designed to show a visual pattern for a

given speech sound. The severely hard of hearing individual says the sound into a microphone and the sound is shown as a visual display on a TV monitor. If the sound does not match that produced by the therapist-teacher--then the client can modify his articulatory placement and try to match the visual pattern of the therapist. It is innovative and the preliminary results show improvement in the intelligibility of the client's speech. This project will be completed during this fiscal year so analysis of the data will indicate how effective this approach is. We never know the answers to these questions unless we design and conduct clinical investigations.

I would like to cite one more study conducted at NTID by Drs. Joanne D. Bubtleney and Gerard G. Walters entitled "An Overview of Communication Skills of NTID Students with Implications for Planning of Rehab." The study was reported in the Journal of the Academy of Rehab Audiology, April-October, 1975. They concluded that in all instances, broader gains in communication can probably be achieved if the Speech and Audiological Curriculum is integrated with the English Program of Instruction. Each area of instruction should reinforce and supplement the other areas. In order for this to occur, the English curriculum must be well defined and students clearly identified by their functional level in English usage to implement the reinforcement of English instruction, speech, speechreading and auditory training materials need to be developed and categorized by language level.

To conclude, the requisites for the successful planning of communication programs for the deaf adult are stated in relative order of importance. It is necessary to understand (1) the deaf individual as a person, (2) his functional level in English usage and (3) the characteristics of his hearing and speech. These are just two of many fascinating studies. However, since time is limited I won't mention others.

Dr. Ray Trybus mentioned several research projects being conducted at Gallaudet. Each PRWAD member should accept the challenge to be creative and innovative in our work so we will be able to better serve the deaf.

In closing I would like to say how much I have enjoyed this conference and the privilege of speaking. I hope we will all "gird up our loins and fresh courage take" as we strive to meet the challenges offered by this PRWAD Conference and our professions' work.

A patriotic note in closing--For both the individual and the nation, what we should dread most is not the loss of power but the loss of feeling--May we continue to feel the love of country and the commitment to the deaf in our professional endeavors.

STATE COORDINATORS OF SERVICES TO THE DEAF
Rex Purvis
Virginia Division of Vocational Rehabilitation

In April, 1972, Mr. Albert Pimentel and the Office of Public Services Programs at Gallaudet College sponsored a workshop of SCD's. The workshop was held at the Airlie House in Warrenton, Virginia, and was attended by about 20 people. Many of them had other responsibilities in addition to coordinating rehabilitation services with deaf people. If memory serves me correctly, less than ten people were full time SCD's with no other primary responsibilities.

We decided to form a section in PRWAD and asked Glenn Mathews to get whatever help he needed, write whatever by-laws were necessary, and present us to the Parent Organization as a new section. Glenn did an excellent job and we became the first section in PRWAD. We are very proud of that.

Two years ago in Tucson we had our first election of officers. There are now approximately 50 SCD's most of whom are full time SCD's.

Depending upon one's perspective, we have been very busy and exerted much positive influence on services with deaf people in this country. On the other hand there are so many things in which we cannot participate and so many programs or other areas of interest on which we have had little influence.

Very quickly here are some of the things our section has been and is doing:

1. We were active in getting the regional reps appointed and trained.

2. We were active in getting a joint NAD-PRWAD Committee established to look at the need for a Model Federal Plan for Services to the Deaf, and what legislation would be needed to implement it.
3. We have had input into the National Advisory Council on Deafness to RSA Commissioner Adams. We all owe Fred Schreiber for his expert chairing of this Council.
4. We have had input into the CSAVR Committee on Deafness ably chaired by Ed Reese of Tennessee--a good friend of deaf people.
5. We have done some work on PRWAD membership, mostly, I think through chapter development.
6. We have provided input into RSA grant reviews.
7. We have provided input into RSA writing or revising various regs including a tentative visual screening for deaf clients and updating of VR coding for hearing impairments.
8. We have led in coordinating interagency coordination and cooperation to better deaf people's social services.
9. We have promoted separate state agencies (councils or commissions) for deaf people.
10. We have encouraged other sectional developments within PRWAD.
11. We have supported full utilization of the MSP including better, more extensive use of interpreters and meaningful certification of interpreters.
12. We have provided input on the NRA Task Force on Deafness, thanks to Rod Ferrell, Chairman, and Diane Roupe, the new Executive Director of NRA.

13. We provided input into the congressional oversight hearings on rehabilitation. Glenn Mathews of W. Virginia testified on our behalf.

14. We are almost constantly bugging Dr. Boyce Williams about something.

We have written a few hundred letters to RSA regarding some areas of service with deaf people. In our spare time we are setting up the beginnings of some pretty good VR programs for deaf people and we want to express deep sincere gratitude to our agency directors and commissioners for supporting our efforts and allowing us to be so active in areas not traditionally thought of as vocational rehabilitation.

There is a tremendous amount of work to do, but we have just begun to work.

I am very proud to be associated with this outstanding group of professionals.

COUNSELING THE USHER'S SYNDROME
DEAF-BLIND INDIVIDUAL
Louis J. Bettica, ACSW, Assistant
Director
Helen Keller National Center for
Deaf-Blind Youths and Adults

Counseling as a process has many more similar than different characteristics when applying it to people whose handicaps may vary from the most severe to individuals with minor physical problems. The differences, however, may be so different for a worker to overcome or to cope with that the counseling sessions are sometimes aborted and counseling services terminated.

Once counseling sessions are underway with a deaf-blind person, the theoretical concepts applied to others less handicapped would also apply here. However, we have found that theoretical concepts are often overlooked and even forgotten when a counselor meets his first deaf-blind client. Although we can readily understand that the need to utilize a method of communication other than voice has inhibited many workers from attempting to counsel the deaf-blind. We have also found that workers skilled in communicating with the deaf, and indeed deaf people themselves, have not offered deaf-blind people their services or help.

This is not meant to criticize these groups, but merely to point out the fact that the ability of an individual to skillfully use the sign language is not assurance that the deaf-blind person will receive meaningful assistance.

Factors involved go beyond the counselor's skill in communication since a fruitful meeting can only be accomplished when both parties are communicating and communication by both parties can only be obtained when a true working relationship is established, even if the level of language is many years below the chronological age of the client.

This paper is written with the hope that those of you about to work with deaf-blind people can avoid the pitfalls that I have seen others experience and to urge you to keep them in mind when meeting your first deaf-blind client.

In keeping with the program chairman's request, the material presented today will focus upon practical suggestions and general information relative to blindness and Usher's Syndrome.

Those of you who are familiar with deaf-blindness know that knowledge of the onset of the handicap is of major importance and that deaf-blind people fall into a number of categories. Some of the major categories are:

- a) Those who are born deaf and blind;
- b) Those who become deaf and blind at a later age;
- c) Those who are born blind and become deaf after the acquisition of speech;
- d) Those who are born deaf and become blind at a later age.

Those of you in work for the deaf are not likely to see clients from categories a, b, and c, but you most certainly will meet up with the client in category d. Within this category is a very large percentage of individuals who have the eye condition known as Retinitis Pigmentosa. These people are now referred to as having Usher's Syndrome. Because this type of individual is the one least understood, and the one you are most likely to find in your caseload, the remainder of this paper is devoted to this group.

We owe a vote of thanks to McCay Vernon for bringing this condition to the attention of workers for the deaf. Generally, I also believe that workers for the deaf should have a sense of gratitude to the workers for the blind for their efforts in the rendering of services to those deaf-blind people who are

brought to their attention.

The definitions of deafness and blindness for this paper on Usher's Syndrome and the ones used as a criteria for the entrance of trainees into the Helen Keller National Center for Deaf-Blind Youths and Adults are as follows:

Deafness - The inability to understand connected discourse.

Blindness - Briefly described, is having no better than

20/200 in the better eye with best correction, or
no better than 20⁰ field of vision if the visual
acuity is better than 20/200.

The counselor serving the deaf, like others, prepares himself for the first meeting by reviewing the information available to him. A very important part of this case record is the medical information.

This provides the counselor with objective information about the client's general physical condition. It should also provide the counselor with an objective appraisal of the individual's eye situation. Unfortunately, this is not always the case. All too often the M.D. giving the general physical examination merely gives the applicant a vision screening test. Therefore, he cannot recognize the fact that the applicant's field of vision is not normal and is, in fact, deteriorating to such a degree that the possibility of total blindness can be 10 or 15 years away.

The Helen Keller National Center for Deaf-Blind Youths and Adults has always recommended that schools for the deaf and state agencies sponsoring education or training for the deaf provide each deaf person with an ophthalmological examination as part of their routine examination.

Taking a close look at the report, you learn that your client has had

a special eye examination revealing that he has Retinitus Pigmentosa with a visual acuity of 20/30 and a restricted field of less than 20°. Being curious and interested in your client, you will want to learn what this means. Upon investigation, you will learn that Retinitus Pigmentosa is an eye disease which gradually leads to total blindness. Although some people who have no hearing loss may continue to have vision until very late in life, while others may become totally blind at much earlier ages.

After many years of experience in working with several hundred people with Usher's Syndrome, we have observed that among those who are deaf, it appears that the more severe the loss of hearing at birth, the earlier is the onset of visual loss and ultimate total blindness. It is congenital and hereditary and the person with Usher's Syndrome (total deafness from birth and Retinitus Pigmentosa) will generally start to be affected about the age of 11 or 12. The first symptom is that the individual begins to have difficulty at night and some difficulty in adapting to the changes of light. Although a decrease in the field of vision may occur as early as 11 or 12 years, this may go undetected since the customary routine screening merely tests an individual's visual acuity.

Having this information and learning that your client has some remaining vision, every effort on your part should be made to utilize this remaining vision and you should closely, but unobtrusively, observe how he functions visually in your presence. The first few minutes of your contact sets a tone for understanding and a mutual working atmosphere. This may be the first professional meeting your client has had with someone who recognizes his eye condition. I might add here that failure at this meeting may see the client's efforts at receiving help diminish, if not disappear completely.

Some practical suggestions are as follows: Go out to meet the client rather than have him sent to your office. Upon meeting him, offer a hand shake, a nod of welcome and ask him to follow you to the office. Walk in front of him if this is possible. If you walk side by side, don't be alarmed if he tends to head toward you. Once in the office, place an ashtray near him if he smokes. Don't let him search for it. If you have a window behind you, watch his reaction to the light. Most likely cutting down the light by adjusting the blinds would be helpful and more comfortable for him and it would let him know that you are acquainted with his eye condition and have some concern for his comfort.

This is a point where some counselors with communication skills have failed at communicating effectively with other individuals with Usher's Syndromes. Right at this point you must remember the fact that he only has central vision (as mentioned earlier). You must remember that with his narrow field, the closer you sit, the narrower his field of vision will appear. It becomes necessary, then, to restrict your signs to a smaller area rather than waving your arms and, of course, in close proximity to your face in order to take advantage of any lip reading skill he may have. Any movement of your hands from this position may be only a meaningless gesture to him and an important idea may have been overlooked. You must make sure that he understands. Sometimes the client is embarrassed or inwardly becomes annoyed at the inept communication and takes the easiest way out and nods "yes, yes, yes" and secretly hopes that he could leave. If the client's sight is so poor as to make it impossible for him to visually read the sign language, efforts should be made to help him to tactually communicate with you. The One Hand Manual Alphabet lends itself very well to tactual perception by having the client cup one or both hands over your

hand while spelling out every word. It is also possible to receive the sign language tactually by having the client feel both your hands while you use sign language with him.

I think I don't need to mention to you the language and vocabulary gaps that are found among many deaf people. Those with Usher's Syndrome are no exception. However, in addition to this language gap, he may have other serious gaps because of the type of sedentary life he has been forced to lead due to his eye condition and without benefit of any successful counseling. This client throughout his teen years may have had little, if any, social intercourse because of his inability to see well at night, making travel at night impossible. He may also have had very limited opportunities for conversation other than at school and he may never have had any constructive discussion relative to his eye condition or future plans.

Now the counselor is faced with an individual who is totally deaf, and has this eye condition which will lead to total blindness. He may deny or not fully understand his problem, and is looking for work.

You are at the point now where good communication has been established, the client recognizes your interest and desire to be helpful and discussion is to start relative to employment. It is here, regardless of your feelings, that it becomes important for the counselor to learn from the client himself what he knows about his eye condition. Honesty at this time is important and ethics forbid any counselor to lie to his client, although our experience indicates that the truth has often been kept from this individual.

The counselor need not feel that he is taking the place of an eye doctor, but with empathy and care tries to help or counsel the individual toward understanding his situation so that appropriate help can be obtained for him which conceivably could lead to successful and satisfying employment.

Since your client by this time is aware that you have some knowledge of his poor vision, it may be the appropriate time to start a discussion relative to this condition.

Perhaps the questioning should follow by asking the client to tell you what he knows about his eye condition. If the client is vague or if he is unfamiliar with his eye condition, it would be wise to have him try to explain to you the difficulties he has with his vision and continue to assure him that the questioning is really for his benefit. It is important at this time to try to have him review his functioning over a period of several years and this may help him recognize the fact that his vision has become worse within the past few years.

Here, he may start showing concern about the future. At this point, if not earlier, the counselor should ask him what he has learned about his eye condition from his eye doctor. In some instances the client will report that the eye doctor has informed him that his vision is uncorrectable with glasses and most likely will worsen in time. If he provides this information, the counselor can become involved with planning since planning has to take into consideration his worsening vision.

All too often eye doctors who have had no experience in examining deaf people with such an eye condition, and who may also be overwhelmed by the communication problem, or who assume that the eye examination is routine, seldom discuss the pathology with the client. This lack of information can easily feed into the client's need to deny the problem or his need to hope that his vision can and will improve. There have been instances when a doctor sees a young man with this condition and is really so sympathetically overwhelmed that he leaves the client with the belief that his vision will remain stable or will actually improve. To add to this, some counselors have also mistakenly thought that the avoidance of the subject matter was

prudent. We have seen many individuals who have suffered a good deal as a result of this misinformation and poor counseling. As a result of this poor counseling, clients have wasted years waiting for the improvement that will never materialize.

If the relationship at this point is a solid one, the client may ask or even appeal for information. Since the counselor is not an eye doctor, he can discuss this in terms of what he knows about the eye condition, utilizing every lead the client has given him up to this point.

If, however, the client is reluctant to discuss his condition or refuses to accept the information given to him by the counselor, it is suggested that he be sent to an eye doctor for another examination, including a field test, and a specific request to inform the client of his situation. A friend, an interpreter, or even the counselor should accompany the client during this visit to assist the doctor with the examination and to make sure the client is given the information and has an opportunity to ask questions. It does not take much imagination to realize that this information can be traumatic, but we have found that people do have more strength than is usually attributed to them. Some clients need time to go through a mourning period. Others might have been through a period of mourning and this examination confirms what they already knew and now may actually be ready for a constructive discussion relative to rehabilitation and employment.

The Helen Keller National Center for Deaf-Blind Youths and Adults is prepared to be helpful by providing its training facilities at Sands Point, New York, and consultation services through its eight Regional Representatives. Other agencies, some affiliated with the H.K.N.C., are also prepared to be helpful. It may be advisable to initially contact the state agency offering services to the blind in order to seek their cooperation in a joint

effort.

This is merely a brief description of practical suggestions which I hope will encourage counselors to get started and ultimately to gain skill and experience.

In summary, deaf-blind people can benefit from counseling services when the counselor is capable of demonstrating to the client that he understands the severity of the handicap, but despite this he also conveys to the client that regardless of the difficulties that are ahead, the client and he will plan the future together and no longer will the client have to face the future alone.

CONSULTING PRINCIPLES IN
ORGANIZING A DEAF COM-
MUNITY SERVICE GROUP
Alexander Boros, Ph.D.
Sociology Department
Kent State University

This paper will discuss and evaluate the principles and procedures which were employed over a seven year period by an applied sociologist in organizing a deaf community service group. The successful service projects of the group, Northeast Ohio Deaf Development Organization (NODDO), will be presented as dramatic examples of what indigenous deaf leaders could accomplish with minimum professional consultations. The findings reported in this longitudinal study will support those professionals who believe that promoting self-help within the deaf community is the surest solution to most social problems encountered by deaf persons.

Recently, the importance of developing organized self-help activities among all disabled people has been recognized as a necessary alternative to rehabilitation services with dwindling financial backing (Thursz, 1969). The specific case of deafness affords other important reasons as well. Too often agency services are unresponsive to the unique communication and education problems of deaf clients (Boyd and Boros, 1975). Traditionally, the deaf community has lacked organizational strength in competing for governmental resources with other minority groups (Williams, 1970). In short, genuine rehabilitation will occur only when the deaf community is master of its own fate (Vernon, 1971).

The frustration that can stem from an inept deaf community was dramatized for the writer seven years ago when a group of deaf leaders besieged the writer in the quietude of his office. They were wornout and overwhelmed by insurmountable problems left unresolved by unresponsive

agencies. The magnitude of their dismal plight was sadly highlighted by the desperate measure of driving thirty miles for help from a hearing professional who knew nothing about deafness. Only after hours of deliberation did the writer consent to organize these deaf leaders into a self-help group. Then, they took the long journey home again.

Later, a review of the literature revealed how baffling was the problem of deaf community work. Although there are some examples of effective deaf-managed organizations (Crammatte, 1961), local deaf communities across the nation vary in how well they are served by deaf clubs, churches, and state chapters of the National Association of the Deaf. The writer was further discouraged to hear other professionals across the nation point to Cleveland as an example of inept deaf leadership.

Only the Salt Lake Workshop on deaf leadership training for community interaction dealt with some of the difficult issues raised by the Cleveland deaf leaders (Petersen, 1969). The rest of the literature on how to improve deaf organizations was scant, vague, often idealistic, sometimes confusing, contradictory, and always incomplete. Although there were excellent materials on general community organization work (Cox, 1970), these books and articles did not consider the special considerations of deafness as an additional variable to manipulate.

Consequently, the writer was compelled to begin consulting with trial-by-error recommendations. The results are only briefly described and evaluated in the rest of the paper. The fifteen principles of consultations evolved slowly, but they were effective. These principles resulted from the close and open collaboration between a professor, graduate students, and deaf leaders. As general guidelines for leadership training

on actual deaf community projects, these principles can be applied in any locale by hearing professional consultants.

Consulting Principles

1. Start with a Basic Orientation to the Deaf Community

Consult the literature of deaf people, talk to deaf people, and actually visit activities within the deaf community groups to obtain glimpses of the day-by-day world of deaf people. Learn sign language proficiency through interacting with deaf people. Make efforts to appreciate the achievements of deaf people in adapting to their handicap. As soon as it is possible, discover the critical problems facing deaf people from their point of view.

2. Clarify Your Own Consulting Orientation

Although the first principle is obvious, the second one is not. Confusion and disappointment could develop if the consultant's activities do not measure up to the expectations held by the deaf leaders. At the onset, take an inventory of the resources which you will make available to them. Determine if there is any conflict of interest between professional agency responsibilities and deaf community work. This conflict can be critical when deaf advocacy leads to a confrontation with agencies that the consultant might have vested interests in. Make a realistic estimate of the duration of your commitment to the group and honor it. If you have to leave the group, finish your contribution to the project first.

3. Earn Your Respect

Don't expect to obtain instant rapport with deaf people because you donated your skills and time. Obtain an entry point into the deaf community that does not threaten their self-respect. The initial meeting should be on their terms. To illustrate one method, this writer was invited to a

general deaf community meeting by one of the members. The time and place was chosen by the deaf person. At the meeting, each deaf person arose and stated a major problem facing the deaf community. The writer was then asked to reveal why he came to help them. Their desire for openness was repeated often. Trust of a hearing professional has to evolve slowly, apparently.

4. Provide a Service-orientation to Deaf Community Goals

Serving the deaf group is a principle that should never be neglected. In order to avoid misunderstanding, suggest a public meeting and encourage the deaf participants to rank their goals. At that meeting, organize an election of an advisory board of deaf people to guide the group to fulfilling these goals. The consultant only gives advice when the board requires it.

So far, the discussion of the first four principles specifically dealt with the sole responsibilities and motivations of the hearing consultant. If any one of these principles cannot be dutifully adhered to, the remaining eleven group-oriented ones will be impossible to apply.

5. Have Regular Public Meetings

Meet monthly at a convenient place where other deaf people from the community could watch the proceedings of board meetings engaged in planning for service-oriented projects. The Cleveland group (NODDO) obtained a number of key deaf volunteers who merely attended board meetings out of curiosity. As long as meetings are open to the deaf observers, suspicion of the intentions of the group is lessened.

6. Arrive at Manageable Goals

An essential role played by the consultant is to help the deaf members clarify their goals and arrive at objectives which are realistic. It is important to distinguish for them the goals that are short-range, intermediate,

and long range. Help organize the group into a committee structure in order to divide projects into manageable work units among many members. As the group becomes more efficient, they should be encouraged to attempt more complex projects (Boros, 1974).

7. Subordinate Hearing Staff Under Deaf Leadership

As early as it is possible, require deaf members of the board to assume responsibilities for group decisions. In the Cleveland example, after the successful first project, NODDO became incorporated with only deaf members entitled to vote. The consultant and graduate students acted only as advisors.

8. Teach Self-sufficiency

To avoid paternalism, teach deaf members how to plan, manage, execute, and evaluate their own activities. Encourage as much risk-taking in decision-making as the board members can handle. In addition, provide them with feed-back after their undertakings. If the group is moving into new ventures, offer them positive reinforcement. Experienced deaf leaders often need help from the consultant in expanding their ranks through the sharing and teaching of management skills to younger deaf members.

9. Establish a Permanent Organization

Help the board create by-laws and obtain incorporation for the handling of donated monies, property, and grant funds. Suggest dues-paying memberships as a source of income and a stake in the deliberation of their board. In order to be responsive to membership, the group should have an annual meeting with an election of the necessary officers (Boros, 1974).

10. Execute Projects from Available Resources

To prevent getting bogged down in search of funding, choose projects which are within the means of the group. For instance, utilize donated

skills, equipment, supplies, and space (e.g., churches, college auditoriums, etc.). All NODDO projects were financed through their resources. Sale of monographs written about four of their projects was a minor source of income. Information about these monographs can be obtained from the writer at Kent State University.

11. Don't Interfere in the Dynamics of the Deaf Community

The deaf community is a complex world with an intricate set of separate organizations caught in an even finer web of gossip. It is essential that the consultant obtain from taking sides in the many disputes which may arise between deaf organizations. Trust the leadership of your own group to know what to do in times of these rivalries.

12. Expand the Membership

Recruit both deaf and hearing people for membership. NODDO has 138 members, two-thirds of them are deaf, the rest are hearing. Deaf members pay \$2.00 for full voting memberships while hearing members pay \$1.00 for non-voting associate memberships. A regular NODDO newsletter as well as notices for meetings and workshops are circulated through this membership list.

13. Annual Review of Group Goals

At least once a year, conduct a business meeting with the entire membership. Review projects and activities of the last year. New priorities for group projects have to be established for the next year. A portion of the board should be re-elected in order to facilitate fresh views and insights from new leaders.

14. Publicize Successes

It is vital for sustained growth that the deaf group receive respect for their accomplishments from both the deaf and hearing communities.

Any articles or monographs written by the consultant on the deaf group activities should be shown to the board. Favorable publicity is one of the rewards for months of dedication and labor. Another reward is the solidifying of the group behind a public image held by peers. Publicity to the deaf community can be via newsletter.

15. In-service Training for Deaf Leaders

Throughout all phase of organizing and implementing group projects, the consultant provides on-going leadership training for board members. Besides guiding the leaders through diverse problem-solving activities, the consultant can also conduct periodic leadership workshops for all board members. The outcomes of applying these fifteen principles are presented in the next section.

The Results: Achievements of NCDDO

Seven years after a group of frustrated deaf leaders asked the writer for help in organizing their Deaf Community Center, an inventory was taken to discover what achievements, if any, were finally attained. The Deaf Community Center was not built as hoped. But fifteen major projects were done that still kept the original dream alive. These projects will be briefly discussed in the order that they were actually carried out by NODDO. They represent a natural order of deaf community problem-solving, with the consultant playing only a minor role. The consultant followed his fifteen principles of consultation faithfully while all the following projects were conceived and implemented by his deaf board.

1. Grant Proposal for a Comprehensive Center for the Deaf (1971)

The deaf community of Cleveland wanted an opportunity to establish their own Comprehensive Center for the Deaf. Deaf leaders spent months

planning the goals and procedures of the Center. Their persistent submissions of revised grant proposals stimulated a local agency to also apply. The established agency was finally funded. Although NODDO's proposal lost, their idea of a comprehensive center did win and was established in a reliable agency. During the months of negotiating with agency representatives, these deaf leaders acquired a confidence in their teamwork.

2. A Confrontation Workshop with Local Agencies (1972)

Next, NODDO spent several months designing and practicing an Encounter Workshop with representatives of all Cleveland institutions that directly affect deaf people. Each agency was evaluated by a deaf leader for its responsiveness. A representative of each agency rebutted. The encounters were frank and eventful (Boros and Lavin, 1973). Professionals were impressed with the controlled poise of the deaf debaters. The deaf leaders were asked to awaken the hearing community to deaf achievements in general.

3. The Deaf Expo (1973)

Following that advice, NODDO spent nine months in organizing a gigantic three day Deaf Expo in an exhibition hall of a prestigious department store. The Expo was a stupendous success (Boros and Hawkes, 1974).

4. The Indigenous Deaf Leadership Symposium (1974)

After their famous Expo, NODDO was very popular in the deaf community. Many other deaf organizations asked for training in leadership skills. Subsequently, NODDO and Kent State University Sociology graduate students cooperated to create a leadership symposium for all leaders in the deaf community (Boros, 1974).

5. A Conference on Television Needs of Deaf People (1974)

Responding to the frequent complaints from the deaf community about

lack of programming for deaf viewers, NODDO arranged a conference with representatives from local TV stations. In the weeks that followed the conference, there were more captioned news and specials for deaf viewers.

6. Mock Trial (1975)

Mistreatment of a deaf defendant enraged the Cleveland deaf community. In order to dramatize the difficulty deaf people have in courtrooms because of communication barriers, NODDO organized an all day mock trial with a deaf plaintiff, all deaf jury, a common pleas judge, and two trial lawyers. The trial was shown on local TV.

7. A Deaf Development Newsletter (1975)

It became necessary to regularly communicate with the increasing members and friends of NODDO. A newsletter was established and circulated to organizations outside of Ohio as well as to Clevelanders.

8. A Workshop on the Deaf Alcoholic (1975)

A local agency director asked NODDO to create a workshop on alcoholism among deaf people. The topic proved to be a very sensitive one for the deaf community. Many deaf leaders did not want the public to associate alcoholism with deafness. Nevertheless, the workshop was implemented and a success, drawing participants from five states and Canada, representing thirty-seven different agencies (Boros and Sanders, 1977).

9. College Training for Deaf Professionals (1976)

The deaf leaders still had hopes of their Deaf Community Center being a reality one day. They wanted professional training to be outreach workers. NODDO members helped to design a one year accredited certificate program from Cuyahoga Community College. Eight NODDO board members graduated from that program.

10. An Indigenous Deaf Development Center (1976)

In cooperation with their community college teachers, NODDO decided to

deliver outreach services from temporary facilities. Although successful, the Center was difficult to maintain without paid staff and it closed after several months.

11. Sponsoring Programs for Deaf Alcoholics (1976)

Following their well-attended workshop on alcoholism, NODDO played an instrumental role in establishing the first AA chapter for deaf alcoholics in Cleveland, a pilot residential treatment program for Ohio deaf alcoholics, and public presentations to the deaf community on the degrees of drinking.

12. A Workshop on Problem-solving within the Deaf Family (1976)

NODDO organized an intense workshop on difficulties faced by hearing parents of deaf children. Despite the specific focus on family problems by speakers, small group discussions were dominated by complaints about deaf education.

13. Co-sponsored National Theater for the Deaf Performance (1976)

NODDO wanted deaf people to see a professional theater perform in sign language.

14. Workshop on New Horizons in Deaf Education (1977)

Based on the obvious demand for a full discussion on the role of deaf education in the family and vocational life of deaf people, NODDO organized a state-wide conference on the use of total communication with deaf children. Soon afterwards, total communication classes were started in Cleveland for the first time.

15. Grant Proposal for Deaf Community Center (1977)

After seven years of working on fourteen projects, NODDO returned to their original conception of a Deaf Community Center that could promote advocacy work, outreach services, and referrals for unreached deaf clients.

Presently, these deaf leaders are seeking an agency sponsor for their proposal. They have gone full circle, returning to their first project which was initiated seven years ago and turned down. Getting their present proposal funded would be a story book ending. NODDO has earned it.

The Consultations Evaluated

Improving the Deaf Community

As a result of the consulting partnership with deaf leaders of NODDO, the welfare of the deaf community was significantly advanced in a number of ways. Mass media coverage for all 15 projects, some of which were televised, produced a deaf awareness for both the general and deaf communities. An inspired Cleveland deaf community became more change-oriented as various deaf organizations sought to follow NODDO's service-oriented activities. New deaf leaders emerged under NODDO's influence. These leaders developed further to become members on agency boards, delegates to national conventions, and teachers of sign language. A few of the original leaders also made considerable advances in their employment. One developed confidence to open his own photography business with hearing persons as clients. Another leader had his responsibilities expanded to manage fifty hearing workers, and his employer doubled his salary. With the success of these deaf leaders in NODDO related activities, deaf children had real role models to follow as they watched their own neighbors managing workshops where hearing people were on the staff. Deaf pride was advanced considerably after all fifteen projects.

There were some disappointments, too. NODDO never did obtain their Deaf Community Center or unify the deaf community. Neither were they successful in attracting the low verbal deaf persons to their functions.

A Need for a Deaf Community Specialist

The results of this demonstration project on organizing a deaf self-help group supports the arguments for a type of professional: a deaf community specialist. There is no reason why an agency could not employ a specialist to apply the fifteen principles of organizing a deaf service-oriented group which were presented in this paper. Data showed how worthwhile projects could be co-sponsored by deaf groups at no new costs to the agency. Such specialists would have to have flexible hours to allow working with deaf people on evenings and weekends. Transforming whole groups of deaf people is more effective and lasting than one-to-one counseling. Working on problems conceptualized by the deaf community provides feedback on where institutions are failing to reach and understand deaf people. Lastly, helping deaf people help themselves is what rehabilitation is all about.

References

- Boros, A. and Lavin, B. (eds.), Encounters in Deaf Development. Cleveland: Northeast Ohio Deaf Development Organization, 1974.
- Boros, A. and Hawkes, J. (eds.), The Deaf Create an Expo. Cleveland: Northeast Ohio Deaf Development Organization, 1974.
- Boros, A. (ed.), Demonstrations in Indigenous Deaf Development. Kent, Ohio: Kent State University, 1974.
- Boros, A. and Sanders, E. (eds.), Dimensions in the Treatment of Deaf Alcoholics. Kent, Ohio: Kent State University, 1977.
- Boyd, D. and Boros, A. Bridging the gap with deaf paraprofessionals. Journal of Rehabilitation of the Deaf. 1975; 8; 9-14.
- Cox, F. (ed.) et al. Strategies of Community Organization. Itasca, Ill.: F.E. Peacock Publishers, 1970.
- Crammattee, A.B. and Schreiber, L.E. Mrs. (eds.), Proceedings of the Workshop on Community Development Through Organizations of and for the Deaf. Washington, D.C.: Gallaudet College, circa 1961.
- Lloyd, G.T. (ed.), Planning for Deaf Community Development. New York: Deafness Research and Training Center of New York University, n.d.
- Lloyd, G.T. Deaf Community Development: Legislative Involvement. New York: Deafness Research and Training Center of New York University, 1973.
- Peterson, E.W. (ed.), Deaf Leadership Training for Community Interaction. Salt Lake City: NAD, 1969.
- Thursz, D. Consumer Involvement in Rehabilitation. Washington, D.C.: HEW Social and Rehabilitation Service, 1969.

Vernon, M. Crises of the Deaf. Journal of Rehabilitation of the Deaf.
1971; 5; 31-33.

Williams, B. "Community Development for Deaf People," an Erwin Kugel
Lecture delivered at the New York Society for the Deaf. New York
City, 1970.

A COUNSELING PHILOSOPHY TO
SUPPORT THE POST SECONDARY
EDUCATION OF DEAF STUDENTS

L. Ronald Jacobs, Ph.D.
Acting Administrator, Support
Services for Deaf Students
and

Fred Morrison, Acting Head of
Student Personnel Services
Support Services for Deaf
Students

California State University,
Northridge

I. Introduction

California State University, Northridge (CSUN), is a liberal arts university in Southern California offering degree programs in 46 different areas at the bachelor and master degree levels to over 28,000 students. In general, the students reside in private homes or in apartments close to campus: it is largely a "commuter" school serving residents of the San Fernando Valley. Among the student population there are 154 (Spring Semester 1976 enrollment figures) deaf students. These students are currently enrolled in 450 class sections and majoring in 25 different areas of study. In terms of coursework requirements and university regulations, these deaf students are competing on an even par with their hearing peers. There are no classes offered by the University that are limited to deaf student enrollment, no stipulations about coursework that is required uniquely of deaf students, and no special arrangements regarding housing or extracurricular activities for deaf students. These students are, for the most part, profoundly deaf and have lost their hearing prior to one year of age (Murphy & Jacobs, 1976).

Empirical assessment of their academic performance (Murphy, 1976) indicates that the deaf students are doing as well as their hearing peers. Assessment of their acceptance by hearing students and faculty (Carter, 1976;

Jacobs, 1976; & Eckman Center, 1974) indicates that there has been appreciable progress in this area also. Since the first deaf student graduated in 1964, 49 Bachelor's degrees and 204 Master's degrees have been earned by deaf students from CSUN (as of Spring Semester, 1976). The students have at their disposal a number of services to facilitate their academic progress. The four primary services are counseling, tutoring, interpreting, and notetaking. The availability of these services is recognized as a necessary ingredient in accounting for the success of deaf students at CSUN. It is felt, however, that the mere availability of these services is not sufficient in and of itself to account for this achievement. It is the philosophical context in which the services are rendered which accounts for the very favorable track record of the program and its graduates.

It is the purpose of this paper to describe this philosophy, and to pinpoint specific examples of its application to daily practice. Prior to this discussion it is important for the reader to keep in mind that the authors are not "selling" this process as an unqualified success story. We do indeed have an effective program, and program effectiveness has been developed through a great deal of trial and error process, evaluation and modification activity, and ongoing inservice training.

II. Program Philosophy

Program philosophy is a direct product of student and staff input. It, in turn, stipulates the conditions under which students and staff relate as services are utilized. Because this is a dynamic rather than static model, input may come from the students and/or staff at any time to revise this philosophy.

The goal of our service is to promote personal growth and independent, responsible functioning on the part of the student. We operate this way based on the following premises:

1. The people we serve have a great deal of potential and the capability to achieve high levels of functioning and self-actualization. Each person has worth in himself.
2. These students come to us with a repertoire of behaviors that they have learned from previous environments. They are capable of learning new ways of functioning.
3. The decision of whether to learn new ways of functioning is best left to the students themselves. They have the capability of determining which issues are significant and have a right to self-direction.
4. Man is a social being and needs love, acceptance, esteem, and meaningful social contact.

There is a direct positive relationship between the extent that the staff is consistent in its approach to service delivery, and the extent to which the students can maximize the use of these services. As was previously stated, the staff continually attends to the task of unifying its approach to service delivery and educating the students about the use of these services. The students, in turn, demonstrate their willingness to accept the consequences of their own actions.

III. Program Administration

The Student Personnel Specialists have a multi-faceted role in relating to the deaf students. Some of these functions are:

1. Public relations contacts with prospective students.
2. Planning and participation in an orientation program for new students.

3. Planning and conducting registration of deaf students.
4. Academic advisement and aiding students in course selection.
5. Aiding students in the establishment and attainment of career goals.
6. Advising the Deaf Student Club and participation in other extra-curricular activities.
7. Serving as a facilitator to aid the student in dealing with personal concerns:
 - a. Through individual counseling sessions.
 - b. Through group counseling sessions.

The fact that students relate to Student Personnel Specialists in such a wide variety of areas alleviates the stigma that is prevalent in some programs where students who seek counseling are "sick." Our approach is a "wholistic" one where the entire gamut of student affairs is dealt with. A small portion of time may focus on personal concerns and issues, but the fact that the student and counselor relate to each other in such a wide variety of ways places the time spent dealing with personal problems in a positive and proper context.

IV. Program Outcome

As was previously stated, deaf students at CSUN are experiencing academic success. Academic progress is a vital program concern, but the experience a liberal arts university offers cannot be measured in terms of grades alone. As was previously stated, we take a wholistic approach to serving the deaf student. Extracurricular activities, opportunities for leadership development, cultural enrichment, and an expanded range of social contacts are key concerns. It appears that contact with the rich, diversified experiences within a large university has whet many deaf

students' appetities for increasing amounts of this kind of activity. An example of this was a summer leadership workshop offered through the CSUN Associated Student's Center. A few deaf students, along with more than #70 hearing students, took advantage of this opportunity. The response was so overwhelmingly positive that (1) many more deaf students became interested in attending subsequent workshops, and (2) over 30 of the hearing students and faculty sponsors made a formal request to have more deaf students attend future programs. This type of things seems to be cyclical. That is, each successful experience with integration at CSUN stimulates further integration. The benefits of this program accrue to hearing students and faculty as well as the deaf students. The impact of such programming also appears to have positive future implications on career opportunities for deaf and hearing people.

Reference List

- Carter, S.H. Some effects of association with hearing impaired students upon hearing students at CSUN. In H. Murphy (ed.), Selected Readings in the Integration of Deaf Students at CSUN. Center on Deafness Publication Series #1: California State University, Northridge, 1976.
- Eckman Center. Final report of an evaluation of Campus Services for the Deaf, California State University, Northridge. Woodland Hills, California, July 1974.
- Jacobs, L.R. Attitudes of normal-hearing college students toward their hearing-impaired classmates. In H. Murphy (ed.), Selected Readings in the Integration of Deaf Students at CSUN. Center on Deafness Publication Series #1: California State University, Northridge, 1976.
- Murphy, H.J. Comparative studies of academic achievement between hearing impaired and non-hearing impaired students at California State University, Northridge. In H. Murphy (ed.), Selected Readings in the Integration of Deaf Students at CSUN. Center on Deafness Publication Series #1: California State University, Northridge, 1976.
- Murphy, H.J., and L.R. Jacobs. A profile on CSUN deaf students, fall semester, 1976. American Annals of the Deaf, in press.

APPENDIX A:

Resolutions Made at Business Meeting
Held Monday, July 27, 1976

RESOLUTIONS

BE IT RESOLVED, that PRWAD sponsor and support a full-time representative on Capitol Hill, to be a constant advocate of the social, rehabilitative, educational and vocational needs of deaf persons, as well as the need for training professionals who will work with deaf individuals.

Carried

BE IT RESOLVED, that PRWAD develop an effective system of disseminating information to its members including such important matters as conference announcements and proceedings, objectives and goals of the organization, national issues, job opportunities, pending legislation, technical advances, etc. as well as activities of related organizations.

Carried

WHEREAS, PRWAD is committed to the development of services for deaf persons and

WHEREAS, Congress has legislated and funded the Title XX program of social services for all needy citizens

THEREFORE BE IT RESOLVED, that the PRWAD Central Office initiate such action as necessary to insure that the component of HEW responsible for the administration of the Title XX programs be aware of the critical need of deaf persons for social services and to so inform the various State programs of this need.

Carried

WHEREAS, the PRWAD is the national organization concerned with promoting effective service programs for all deaf individuals.

THEREFORE BE IT RESOLVED, that each State and Territory be encouraged to establish a PRWAD Chapter so that the service needs of deaf individuals may be met at the "grass roots" level.

Carried

WHEREAS, PRWAD is the leading national organization with specialized expertise in the rehabilitation of deaf persons

THEREFORE BE IT RESOLVED, that PRWAD develop a program to evaluate and certify the programs of rehabilitation centers serving the deaf.

Carried

WHEREAS, PRWAD supports the involvement of deaf people in making important decisions affecting other deaf persons and

WHEREAS, PRWAD applauds the elevation of the Deafness and Communicative Disorders Office (DCDO) to a higher decision making level in the RSA

THEREFORE BE IT RESOLVED, that PRWAD will continue to support the activities of DCDO and

BE IT FURTHER RESOLVED, that PRWAD will continue to urge more adequate funding and staffing to enable DCDO to meet its constantly growing obligations to the field.

Carried

WHEREAS, a number of states are giving consideration to the consolidation of several social and rehabilitation programs into one

multi-service operation, and

WHEREAS, such a consolidation may be in violation of the Secretary's regulations governing Vocational Rehabilitation within the states,

THEREFORE BE IT RESOLVED, that PRWAD on behalf of its membership, officially convey to the Secretary of HEW and the Commissioner of RSA our concern over these proposed consolidations and our support of the stand taken by HEW and RSA in opposition to these consolidations, and

BE IT FURTHER RESOLVED, that PRWAD convey to the Secretary of HEW and the Commissioner of RSA an offer to be a party to any hearings or testimony regarding these matters.

Carried

WHEREAS, rehabilitation services for assisting severely disabled deaf persons require the employment of trained professional personnel, and

WHEREAS, the number of students currently enrolled in training programs is not sufficient to match the attrition rate, let alone the needed expansion of services

THEREFORE BE IT RESOLVED, that PRWAD aggressively advocate the expansion of training and in-service staff development programs, particularly in the areas of rehabilitation counseling, vocational evaluation and work adjustment, and mental health.

Carried

WHEREAS, there is a growing movement to raise standards of performance of the helping professions in terms of seeking professional certification and governmental licensing,

THEREFORE BE IT RESOLVED, that PRWAD encourage its members to seek certification in their individual areas of specialization (e.g. rehabilitation counseling, psychology, social work, etc.) and

BE IT FURTHER RESOLVED, that PRWAD institute a program to require additional competencies in the area of professional services to deaf persons.

Carried

WHEREAS, PRWAD and RID appear to have overlapping or closely related goals and objectives and

WHEREAS, the two organizations frequently find themselves in contention for available funds to support their expanding programs

THEREFORE BE IT RESOLVED, that the two organizations give serious consideration to the merging of their organizations in the immediate future, so that their constituencies may experience maximum benefits.

Carried

WHEREAS, organizational services become most effective when carried to the "grass roots" levels,

THEREFORE BE IT RESOLVED, that PRWAD promote regional workshops involving state chapters, scheduled for the year that the PRWAD biennial conference is not held, and

BE IT FURTHER RESOLVED, that related national organizations in the field of deafness so schedule their national conferences that they do not conflict on or near the same dates, or even within the same year, and that these various related national organizations consider

the concept of joint conferences.

Carried

WHEREAS, a group called the Utah Deaf Senior Citizens presented a short play at the banquet titled, "Bi-centennial Museum," which was thoroughly enjoyed by the banquet audience, and

WHEREAS, in the art of acting which requires real skill and talent, Mr. Joseph Burnett presented a unique skit titled, "The Hero and the Villain," which was well accepted by the audience

THEREFORE BE IT RESOLVED, that PRWAD extend thanks and appreciation to these two groups for their excellent performances.

Carried

WHEREAS, the Bicentennial Conference held in Salt Lake City in 1976 was a successful and productive conference,

THEREFORE BE IT RESOLVED, that special appreciation for the success be extended to:

- I. Dr. & Mrs. Robert Sanderson for their planning, and organization of the program and local arrangements.
- II. The Honorable Ted Wilson, Mayor of SLC for his welcoming remarks and special commendations for his pledge to hire hearing handicapped citizens in SLC.
- III. Dr. Harvy Hirschi, Administrator of the Department of Vocational Rehabilitation for the agency's support and his personal contributions to the program.
- IV. The Management and Staff of the Salt Lake Hilton for pleasant and comfortable accommodations.

- V. To the interpreters who performed admirably.
- VI. To Mr. Wilmer S. Hunt, Associate Commissioner of RSA;
Mr. Jim Dixon, Regional RSA Representative for Deafness,
Denver, Colorado; Mr. J.J. Campbell, Bureau of Special Education,
Salt Lake City; Mr. Jim Burrell, Former Acting
Commissioner of RSA for their attendance and participation.

Carried